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Bib Data Sheet

CONFIRMATION NO. 6421

Freign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged Allowance ADDRESS Scully Scott Murphy & Presser 400 Garden City Plaza Garden City NY 11530 TITLE Process for manufacturing a flexible sleeve for a prosthesis or orthesis, preform used in this process and flexible sleeve thus obtained FILING FEE FEES: Authority has been given in Paper ** SMALL ENTITY ** SHEETS TOTAL CLAIMS 7 INDEPENDE CLAIMS 7 1 All Fees 1.16 Fees (Filling) 1.17 Fees (Processing Ext. or paper)	SERIAL NUMBER 09/692,956	FILING DATE 10/20/2000 RULE	CLAS 623	S	GROUP ART UNIT 3738		ATTORNEY DOCKET NO. 13988					
Olivier Pierron, Brazey En Plaine, FRANCE; *** CONTINUING DATA **********************************	APPLICANTS											
Foreign Priority claimed 35 USC 119 (a-d) conditions	Vincent Drouir Olivier Pierron	i, Beaume, FRANCE; , Brazey En Plaine, FR	ANCE;						ĭ		i	
Foreign Priority claimed 35 USC 119 (a-d) conditions met Allowance	** CONTINUING DA	TA **********	未会 亲						370	SE	RE	
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ADDRESS Scully Scott Murphy & Presser 400 Garden City Plaza Garden City ,NY 11530 TITLE Process for manufacturing a flexible sleeve for a prosthesis or orthesis, preform used in this process and flexible sleeve thus obtained All Fees All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. or orthesis)	35 USC 119 (a-d) conditions						WING CLAIM					
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						Other						
☐ Credit												

To:

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SCULLY, SCOTT, MURPHY & PRESSER 400 GARDEN CITY PLAZA GARDEN CITY, NEW YORK 11530

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FACSIMILE TRANSMISSION

U. S. Patent and Trademark Office <u>Attention</u>; Corrected Filing Receipt

Date: May 30, 2001

Fax # 703-308-7751

3-308-7751 Pages 3

From: SCULLY, SCOTT, MURPHY & PRESSER

Re: Vincent Drouin, et al.

U.S. Patent Appln. No.: 09/692,956

PROCESS FOR MANUFACTURING A FLEXIBLE SLEEVE FOR A PROSTHESIS OR ORTHESIS, PREFORM USED IN THIS PROCESS

AND FLEXIBLE SLEEVE THUS OBTAINED

Our Docket: 13988

COMMENTS:

The Filing Receipt for the above-identified Patent Application has the Total Claims incorrect. It should read: TOTAL CLAIMS= 7.

Please send to us a corrected Filing Receipt with claims to read: TOTAL CLAIMS= 7.

Thank you.

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APPLICATION NUMBER

GRP ART UNIT FILING DATE

FIL FEE REC'D ATTY. DOCKET. NO DRAWINGS

IND CLAIMS

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09/692,956

400 Garden City Plaza Garden City, NY 11530

Scully Scott Murphy & Presser

10/20/2000

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CONFIRMATION NO. 6421

LING RECEIPT

Date Mailed: 05/15/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure a provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INTENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt Incorporating the requested corrections (if appropriate).

Applicant(s)

Vincent Drouin, Beaume, FRANCE; Olivier Pierron, Brazey En Plaine, FRANCE;

Domestic Priority data as claimed by applicant

Foreign Applications

FRANCE 9913202 10/22/1999

If Required, Foreign Filing License Granted 02/07/2001

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

Title

Process for manufacturing a flexible sleeve for a prosthesis or orthesis, preform used in this process and flexible sleeve thus obtained

Preliminary Class



(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. 13988

Total Pages in this Submission

Fee Calculation and Transmittal

		CLAIMS AS FILED					
For	#Filed	#Allowed	#Extra	_	Rate		Fee
Total Claims	7	- 20 =	0	×	\$18.00		\$0.00
Indep. Claims		- 3 =	0	×	\$80.00		\$0.00
Multiple Dependent Claims (check if applicable)							\$270.00
Multiple Dopolite.						BASIC FEE	\$710.00
OTHER FEE (specify purpose) Non-English Specification					\$130.00		
					TOTAL	FILING FEE	\$1,110.00
							·

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to cover the filing fee is enclosed.

- The Commissioner is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. A duplicate copy of this sheet is enclosed.
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as filing fee.

- ☑ Credit any overpayment.
- Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Signature

Dated: October 20, 2000

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